

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		FEC IDENTIFICATION NUMBER ▼ C C00488494	
Check if <input type="checkbox"/> 24-hour report	<input checked="" type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>

Full Name of Payee XPS Professional Services		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div> <div></div> <div>10000.00</div> </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.5304 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 18 / 2015</div> </div>
Purpose of Expenditure Advertising - Digital		Category/ Type	
Name of Federal Candidate JOHN M SHIMKUS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>0.00</div> </div>	District: 15 State: IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	10000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Signature

Date _____